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VIA FACSIMILE: 571/273-8300

Atty. Docket No. SAB01 P-300

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1734  
Examiner : Brenda A. Lamb  
Applicant : Siegfried Seifer  
Appln. No. : 10/781,256  
Filing Date : February 18, 2004  
Confirmation No. : 3150  
For : METHOD FOR THE GENTLE CONVEYANCE OF  
SENSITIVE ADHESIVES AND AN ARRANGEMENT FOR  
PERFORMING SUCH A METHOD

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

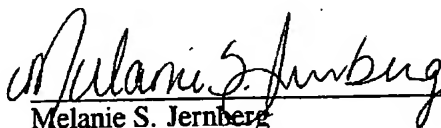
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended (2 pages)
2. Response (10 pages)

YOU SHOULD RECEIVE A TOTAL OF 13 PAGES.

August 10, 2005  
Date

  
Melanie S. Jernberg

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 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to the Office Action mailed May 11, 2005 in the above-identified application. Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*21	Minus	**20	=1	x \$25	\$	X \$ 50	\$50
Independent Claims	*4	Minus	***3	=1	x 100	\$	X \$200	\$200
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$250

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicant : Siegfried Seifer  
 Appln. No. : 10/781,256  
 Page : 2

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	=**	x \$125	\$	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

- \* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3  
 \*\* If the entry in Col. 3 is not "0," pay the required fee.

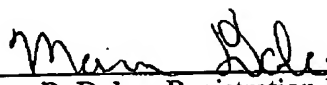
1.        Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2.        No additional fee is required.
3.   x   A fee of \$250.00 to cover the cost of the additional claims added by this response is due.
4.        A fee of \$        to cover the application size fee is enclosed.
5.   x   Please charge any fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date

8/10/05

MPD/msj

  
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RESPONSE

In response to the Office Action mailed May 11, 2005, Applicant responds as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

08/11/2005 NGUYEN1 00000018 162463 10781256

01 FC:1201 200.00 DA  
02 FC:1202 50.00 DA